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Receipt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Holl et al.

: Group Art Unit: 1232

Serial No. 09/688,055

: Examiner: Unknown

Filed: October 13, 2000



For: LIQUID ANALYSIS  
CARTRIDGE

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Lucie Parks

REQUEST FOR CORRECTED FILING RECEIPT

Asst. Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, D.C. 20231

Sir:

Applicants hereby advise the Patent and Trademark Office of omissions and errors on the filing receipt for the above-referenced application (marked copy enclosed).

The second inventor's first name is misspelled. "Flyod" should read --Floyd

The filing receipt does not indicate reference to related applications. "Continuing Data as Claimed by Applicant" should indicate that the above-noted application is a continuation of U.S. application serial no. 09/080,691, filed May 18, 1998.

Please issue a corrected filing receipt that includes the above requested change/addition.

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It is believed that the present request does not require the payment of any fees under 37 C.F.R. §1.16-1.17. If this is incorrect, however, please charge any required fee to deposit account no. 07-1969.

Respectfully submitted,



Ellen P. Winner  
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Attorney docket no. 10-98G  
leb: December 18, 2000

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/688,055	10/13/2000	1743	1232	10-986	18	49	2

 Greenlee Winner & Sullivan PC  
 5370 Manhattan Circle  
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 Boulder, CO 80303

## FILING RECEIPT



\*OC000000005582913\*

DEC - 4

Date Mailed: 11/29/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

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 Robert Morff, West Chester, OH ;  
 Gerald L. Klein, Edmonds, WA ;

Continuing Data as Claimed by Applicant CONTINUATION OF 09/080,691, 18 MAY 1998

## Foreign Applications

If Required, Foreign Filing License Granted 11/28/2000

## Title

Liquid analysis cartridge

## Preliminary Class

422

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Data entry by : BRUNSON, MONIQUE

Team : OIPE

Date: 11/29/2000

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Greenlee, Winner, Sullivan

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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/688,055	<b>FILING DATE</b> 10/13/2000 <b>RULE</b> -	<b>CLASS</b> 422	<b>GROUP ART UNIT</b> 1743	<b>ATTORNEY DOCKET NO.</b> -
<b>APPLICANTS</b> Mark R. Holl, Seattle, WA ; Floyd Edwards, Clarence, NY ; Robert Morff, West Chester, OH ; Gerald L. Klein, Edmonds, WA ; <i>U3</i>				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF 09/080,691 05/18/1998 ABN <i>U3</i>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 11/28/2000</b> <i>NOV6</i>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>JS</i> Initials		<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 49
<b>INDEPENDENT CLAIMS</b> 2		<b>RECEIVED</b> MAR 19 2001 TEC/NOLOG/CENTER/1700		
<b>ADDRESS</b> 23713				
<b>TITLE</b> Liquid analysis cartridge				
<b>FILING FEE RECEIVED</b> 1232	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	